



## 2015-2016 Social Media and/or Device Concern (Cell Phone/iPad/Other) Report Form

**Use this form if either of the following situations occur:** 1) A staff member or student had a cell phone (or other unallowable device) in the testing room when test materials are present 2) A staff member or student has used a media device such as a cell phone, computer, iPad, Tablet, etc. to take a picture of test materials; or 3) Test materials or information about test content have been posted on Social Media or shared via email, text or instant messaging.

**NOTE:** The school corporation/charter school/nonpublic school may be contacted if additional information is needed. Also, a copy of this report will be provided to the school corporation/nonpublic school if an investigation is necessary.

Select **ONE** testing window:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ISTEP+ Part 1 | <input type="checkbox"/> ISTAR Part 3   | <input type="checkbox"/> ECA-Early Winter |
| <input type="checkbox"/> ISTEP+ Part 2 | <input type="checkbox"/> IREAD-3-Spring | <input type="checkbox"/> ECA-Late Winter  |
| <input type="checkbox"/> ISTAR Part 1  | <input type="checkbox"/> IREAD-3-Summer | <input type="checkbox"/> ECA-Spring       |
| <input type="checkbox"/> ISTAR Part 2  | <input type="checkbox"/> ECA-Fall       | <input type="checkbox"/> ECA-Summer       |
| <input type="checkbox"/> WIDA          |   |   |

1) Date: \_\_\_\_\_

Corporation Name and Number: \_\_\_\_\_

School Name(s) and Number(s): \_\_\_\_\_

Person Submitting Request and Title: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

CTC's Printed Name: \_\_\_\_\_ CTC's Signature: \_\_\_\_\_

2) Please complete 2A, 2B, or 2C depending on which option matches the concern being reported.

### 2A. PICTURE OF TEST MATERIAL TAKEN BY CELL PHONE OR OTHER MEDIA DEVICE:

***Please initial next to each action step to confirm school administrators have completed these required steps:***

\_\_\_\_\_ A Testing Security report has been completed and will be submitted with this form.

\_\_\_\_\_ School administrators have consulted with the staff member or student (parents may need to be contacted for assistance) to review email, text messages, or any other social media outlets to which the staff member or student has access to ensure testing information was not shared on social media or sent to others.

\_\_\_\_\_ School administrators have confirmed the staff member or student's picture(s) of test materials has been deleted and is no longer accessible.

\_\_\_\_\_ School administrators are aware it is a local decision to determine staff/student level consequences when a staff member/student has violated testing requirements. However, the Indiana Department of Education's Office of Student Assessment will provide guidance to the school corporation regarding any additional actions required at the corporation or school level.

**2B. TEST MATERIALS OR INFORMATION ABOUT TEST CONTENT HAS BEEN POSTED ON SOCIAL MEDIA OR SHARED VIA EMAIL, TEXT, OR INSTANT MESSAGING:**

*Please initial next to each action step to confirm school administrators have completed these required steps:*

\_\_\_\_\_ A Testing Security report has been completed and will be submitted with this form.

\_\_\_\_\_ School administrators have consulted with the staff member or student (parents may need to be contacted for assistance) to determine the magnitude of the social media breach (i.e., the number of other individuals that had access to the posting, email, text, or instant message).

**Please provide an estimated number:** \_\_\_\_\_

\_\_\_\_\_ School administrators have confirmed the staff member or student's picture(s) text, email, instant message or social media posting of test materials has been deleted and is no longer accessible.

\_\_\_\_\_ School administrators are aware it is a local decision to determine staff/student level consequences when a staff member/student has violated testing requirements. However, the Indiana Department of Education's Office of Student Assessment will provide guidance to the school corporation regarding any additional actions required at the corporation or school level.

**2C. (No picture taken/No social media posting) A CELL PHONE OR OTHER UNALLOWABLE DEVICE WAS IN THE TESTING ROOM WHEN TEST MATERIALS WERE PRESENT:**

*Please initial next to each action step to confirm school administrators have completed these required steps:*

\_\_\_\_\_ A Testing Irregularity report has been completed and will be submitted with this form.

\_\_\_\_\_ School administrators have consulted with the staff member or student (parents may need to be contacted for assistance) to review email, text messages, or any other social media outlets to which the staff member or student has access to ensure testing information was not shared on social media or sent to others.

\_\_\_\_\_ School administrators have confirmed the student did not use the device as a resource during testing (mark "N/A" if a staff member was found with the device)

\_\_\_\_\_ School administrators are aware it is a local decision to determine staff/student level consequences when a staff member/student has violated testing requirements. However, the Indiana Department of Education's Office of Student Assessment will provide guidance to the school corporation regarding any additional actions required at the corporation or school level.

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**3) Explain steps that will be taken by the school/corporation to ensure this concern does not occur again in this school or any other school:**

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**4) Submit this form via fax (317-233-2196) to:**

Indiana Department of Education  
Office of Student Assessment  
Attention: Director of Student Assessment